



State of Rhode Island  
**Department of State - Business Services Division**

**Certificate of Registration**  
 FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

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Pursuant to the provisions of RIGL 7-13-49, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited partnership is:		
<b>Medline Industries, LP</b>		
The name, if different, which it elects to use in Rhode Island is:		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
IL	09/07/2021	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Manufacturer & distributor medical, dental and hospital equipment and supplies merchant wholesalers		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Blvd., Suite 200		
City/Town Warwick	State <b>RHODE ISLAND</b>	Zip Code 02888
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.		
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited partnership is:		
Attn: Legal Operations, 3 Lakes Dr, Northfield, IL 60093		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**  
 SEP 24 2021  
 24717

FORM 350 - Revised 08/2020  
 A.A. 12:31pm

8. The name and business address of each general partner is:		
GENERAL PARTNER	BUSINESS ADDRESS	
Mozart GP, LLC	Attn: Legal Operations, 3 Lakes Dr, Northfield, IL 60093	
9. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is cancelled or withdrawn is: Attn: Legal Operations, 3 Lakes Dr, Northfield, IL 60093		
10. The mailing address for the foreign limited partnership is:		
Address Attn: Legal Operations, 3 Lakes Dr.		
City/Town Northfield	State IL	Zip Code 60093
11. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.</i>		
Type or Print Name of General Partner Mozart GP, LLC	Date 09/14/2021	
Signature of General Partner 		
<small>Alex. Liberman; Sep 14, 2021 07:19 CDT</small>		

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

File Number S030704



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.



Authentication #: 2125704358

Authenticate at: <https://www.ilsos.gov>

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of SEPTEMBER A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

September 24, 2021 12:31 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

